STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 19543
1. Name and Address of Committee	2. Date of this Statement	Date Filed: 3/9/2010
LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS	3/9/2010	
101 Park Rowe Avenue Ste. 200	3. Estimated Membership	
Baton Rouge, LA 70810	30	
Check If:	4. Amended Statement?	-
New Committee	X Yes No	
5. All Committee Officers and Directors (including Chairperson, Treasurer a. <u>Name</u> b. <u>Position</u>	r, if any, and any other committe c. <u>Address</u>	e officers and directors )
DR. ROBERT DAVIS PHD MP Chairperson	740 Colonial Driv	9
	Baton Rouge, LA	70806
DR. DR. GLENN ALLY PHD Treasurer	155 Hospital Driv	e Ste. 200
MP	Lafayette, LA 705	03
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)   a. Name b. Address   c. Relationship to Committee   7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
On attached sheet		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a	. Check one: Princip	al Campaign Committee Subsidiary Committee
b. Name of Candidate	c	. Office Sought by the Candidate
9. a. Name of Person Preparing Report GAY COURSON	<b>I</b>	
b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEN information and belief.	IENT OF ORGANIZATION is tru	e and correct to the best of our knowledge ,
This <u>9th day of</u> <u>March</u> , 201	0	
Dr. Robert Davis PhD MP Signature of Committee/Chairperson		225-216-9422 Daytime Telephone
Dr. Glenn Ally PhD MP Signature of Committee Treasurer, if any		Daytime Telephone

Form 200, Rev. 12/03

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

b. Address

,

a. <u>Name</u>

CHASE BANK